DEPOS	7. 19. 2016 4:50PM BLEDSOE ADMIN		· No. 1471 ap.P	: <sup>9</sup> : 05/05/2016
LENIE	RS FOR MEDICARE & MEDICAID SERVICES	454	— \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	UKM APPROVED
ISTATEMEN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NO. 0938-0391 DATE SURVEY COMPLETED
	44E232	B. WING		
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	05/04/2016
BLEDSC	DE COUNTY NURSING HOME	1	107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION E . DATE
K 018 \$\$=D	SI E SI E SI CODE GIANDARD	K 018	K 018	5/13/16
K 062 SS=D	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3  This STANDARD Is not met as evidenced by: Based on observations and testing, the facility falled to maintain the corridor doors.  The finding included:  Observation and testing on 5/4/16 at 8:15 AM, revealed the EVS door on the B hall did not close within the frame. National Fire Protection Association NFPA 101; 19.3.6.3 (2000 Edition)  This finding was verified by maintenance staff and acknowledged by the administrator during the exit conference on 5/4/16.  NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested	K 062	· ·	ontinued
-SURAIUKY	DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN.	ATURE	TITLE	(X6) DATE
ny deficiency	statement ending with an asterisk (*) denotes a deficiency which	h the inctitute	Administrator	5/19/16

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

19. 2016, 4:51PM BLEDSOE ADMIN MIERT OF HEALTH AND HUMAN SERVICES No. 1471 PRINTED. 05/05/2016 ERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES <u>OMB NO. 0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATÉ SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER 05/04/2016 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION IΠ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 WHAT MEASURES WILL BE SS=D Doors protecting corridor openings in other than PUT INTO PLACE OR WHAT required enclosures of vertical openings, exits, or CHANGES WILL YOU MAKE hazardous areas shall be substantial doors, such TO ENSURE THAT THE as those constructed of 13/4 inch solid-bonded DEFICIENT PRACTICE DOES core wood, or capable of resisting fire for at least NOT RECUR? 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors All corridor doors will be in fully sprinklered smoke compartments are only checked by Maintenance Staff required to resist the passage of smoke. There is on a quarterly basis. no impediment to the closing of the doors. Hold open devices that release when the door is HOW THE CORRECTIVE pushed or pulled are permitted. Doors shall be ACTION(S) WILL BE provided with a means suitable for keeping the MONITORED TO ENSURE door closed. Dutch doors meeting 19.3.6.3.6 are THE DEFICIENT PRACTICE permitted. Door frames shall be labeled and WILL NOT RECUR? made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by The Maintenance Director will CMS regulations in all health care facilities. maintain a log that verifies the 19,3,6,3 proper closing of the doors and This STANDARD is not met as evidenced by: Based on observations and testing, the facility there will also be a record on failed to maintain the corridor doors. file of an annual inspection from a professional contractor. The finding included: Observation and testing on 5/4/16 at 8:15 AM, revealed the EVS door on the B hall did not close within the frame. National Fire Protection Association NFPA 101, 19.3.6.3 (2000 Edition) This finding was verified by maintenance staff and acknowledged by the administrator during the exit conference on 5/4/16. NFPA 101 LIFE SAFETY CODE STANDARD K 062

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is regulable to continued

K 062

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

SS=D

May, 19. 2016. 4:51PM BLEDSOE ADMIN No. 1471 PRINTED: 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING NAME OF PROVIDER OR SUPPLIER 05/04/2016 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 062 Continued From page 1 K 062 K 062 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: WHAT CORRECTIVE ACTION Based on observations, the facility failed to WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO maintain the sprinkler system. BE AFFECTED BY THE DEFICENT PRACTICE? The findings included: Painted Sprinklers – 1. Observation on 5/4/16 at 8:21 AM, revealed 5/11/16 The paint was removed from the painted sprinklers in the patient room closets of sprinkler heads in the patient room 124 and 125. NFPA 101, 19.3.5.1 (2000 Edition), closets of 124 and 125 by the NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 Maintenance Staff on 5/11/16. (1999 Edition), NFPA 25, 2-2.1.1 (1998 Edition) 2. Observation on 5/4/16 at 9:00 AM, revealed Spare Sprinkler Box – the spare sprinkler box next to the sprinkler riser The correct type of replacement did not contain the correct type of sprinklers sprinkler heads were added to the 5/11/16 spare sprinkler box next to the found throughout the facility, NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), sprinkler riser by Maintenance NFPA 13, 3-2.9 (1999 Edition), Staff on 5/11/16. 3. Observation on 5/4/16 at 9:46 AM, revealed a 3) Sprinkler at Back Canopy -6/18/16 back canopy constructed of untreated (fire Maintenance Director received resistive) wood containing large amounts of quote from Simplex Grinnell to install sprinkler protection on back miscellaneous combustible material without sprinkler protection. (The nursing home roof and canopy. Quote was approved by the canopy roof were overlapping but not Administrator and plan will be connected.) NFPA 101, 19.3.5.1 (2000 Edition), submitted to State by Simplex NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, Grinnell for approval. Installation

FORM CMS-2567(02-99) Previous Versions Obsolete

K 130

SS≃D

5/5/16 at 12:02 PM.

NFPA 101 MISCELLANEOUS

5-13.8.2\* (1999 Edition)

These findings were verified by maintenance staff

and acknowledged by the administrator during

maintenance staff via phone conversation on

the exit conference on 5/4/16 and by the

Event ID: BGJ321

Facility ID: TN0401

K 130

of new sprinkler protection will be

vendor availability. A waiver may

completed by June 18, 2016,

providing State approval and

be requested at a later date if it

appears June 18 is not feasible.

If continuation sheet Page 2 of 6

K 06Z

DE <sup>May.</sup>	19. 2016: 4:51PMAND BLEDSOE RS FOR MEDICARE & MEDICAID	ADMIN SERVICES		No. 1471 P	P. 12 <sub>0</sub> ; FORM A	05/05/2016 APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		SUPPLIER/CLIA (X2)	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	E232 B. W	ANG		05/0	4/2016	
BLEDSC	E COUNTY NURSING HOME		10	TREET ADDRESS, CITY, STATE, ZIP CODE D7 WHEELERTOWN AVENUE IKEVILLE, TN 37367			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEPK (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING IN	DED BY FULL PI	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE I	(X5) COMPLETION DATE	
K 062	Continued From page 1 periodically 19.7.6, 4.6.12, NFF 9.7.5 This STANDARD is not met as ex Based on observations, the facilit maintain the sprinkler system. The findings included:	PA 13, NFPA 25,	K 062	HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN?			
	1. Observation on 5/4/16 at 8:21 painted sprinklers in the patient ro 124 and 125. NFPA 101, 19.3.5.1 NFPA 101, 9.7.1.1 (2000 Edition), (1999 Edition), NFPA 25, 2-2.1.1 (	om closets of (2000 Edition), NEPA 13, 12-1		<ol> <li>Painted Sprinklers —     All residents have the potential to     be affected. Maintenance Staff     will inspect the sprinkler system in     the facility quarterly to maintain     reliable operating condition.</li> </ol>			
. ,	2. Observation on 5/4/16 at 9:00 the spare sprinkler box next to the did not contain the correct type of found throughout the facility. NFP/ (2000 Edition), NFPA 101, 9.7.1.1 NFPA 13, 3-2.9 (1999 Edition),	sprinkler riser sprinklers A 101, 19.3,5,1 (2000 Edition),		2) Spare Sprinkler Box — All residents have the potential to be affected. Maintenance Staff w check the Spare Sprinkler Box quarterly to ensure that the correct type of sprinklers are available an the sprinkler system is properly	rill .t		
	3. Observation on 5/4/16 at 9:46 / back canopy constructed of untrea resistive) wood containing large at miscellaneous combustible materi sprinkler protection. (The nursing the canopy roof were overlapping connected.) NFPA 101, 19.3.5.1 (2 NFPA 101, 9.7.1.1 (2000 Edition), 5-13.8.2* (1999 Edition)	ated (fire mounts of ial without home roof and but not		maintained.  3) Sprinkler at back Canopy - All residents have the potential to be affected. Maintenance Staff will check the facility quarterly to ensure that the sprinkler system is properly maintained.	,		
K 130 S\$=0	These findings were verified by many and acknowledged by the administ the exit conference on 5/4/16 and maintenance staff via phone convention of the exit conference on 5/5/16 at 12:02 PM.  NFPA 101 MISCELLANEOUS	trator during by the ersation on	K 130	K 0 6	Z n tinue	-d →	

2016 4:52PM BLEDSOE ADMIN No. 1471 PRP. 13: 05/05/2016 FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB\_NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) FROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING NAME OF PROVIDER OR SUPPLIER 05/04/2016 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEOED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 062 Continued From page 1 K 062 WHAT MEASURES WILL BE PUT periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, INTO PLACE OR WHAT 9.7.5CHANGES WILL YOU MAKE TO This STANDARD is not met as evidenced by: ENSURE THAT THE DEFICIENT Based on observations, the facility failed to PRACTICE DOES NOT RECUR? maintain the sprinkler system. Maintenance Director will keep an annual check list on file of the quarterly The findings included: monitoring of the sprinkler system to ensure that all areas in the facility are 1. Observation on 5/4/16 at 8:21 AM, revealed maintained. painted sprinklers in the patient room closets of 124 and 125. NFPA 101, 19.3.5.1 (2000 Edition), HOW THE CORRECTIVE NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 ACTION(S) WILL BE (1999 Edition), NFPA 25, 2-2.1.1 (1998 Edition) MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL Observation on 5/4/16 at 9:00 AM, revealed NOT RECUR? the spare sprinkler box next to the sprinkler riser did not contain the correct type of sprinklers In addition to the quarterly checks of found throughout the facility. NFPA 101, 19.3.5.1. the sprinkler system by the (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), Maintenance Staff, a quarterly inspection of the sprinkler system will NFPA 13, 3-2.9 (1999 Edition), also be conducted by Simplex Grinnell. Documentation will be filed in the 3. Observation on 5/4/16 at 9:46 AM, revealed a Maintenance Department. back canopy constructed of untreated (fire resistive) wood containing large amounts of miscellaneous combustible material without sprinkler protection. (The nursing home roof and the canopy roof were overlapping but not connected.) NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 5-13.8.2\* (1999 Edition) These findings were verified by maintenance staff and acknowledged by the administrator during the exit conference on 5/4/16 and by the maintenance staff via phone conversation on

K 130

\$\$=D

5/5/16 at 12:02 PM.

NFPA 101 MISCELLANEOUS

K 130

May. 19. 2016 4:52PM BLEDSOE ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 1471 PR. 14 05/05/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ! AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING 05/04/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE **BLEDSOE COUNTY NURSING HOME** PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 130 Continued From page 2 K 130 K 130 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: WHAT CORRECTIVE ACTION NFPA 101, 4.4.2.1 (2000 Edition)= A prescriptive WILL BE ACCOMPLISHED FOR -based life safety design shall be in accordance THOSE RESIDENTS FOUND TO with Chapters 1-4, 6-11, and the applicable BE AFFECTED BY THE occupancy Chapters 12-42 of this Code. DEFICENT PRACTICE? 1) Fire Doors -NFPA 101, 8.2.3.2.1 (2000 Edition)= Door Maintenance Staff adjusted fire door on assemblies in fire barriers shall be of an B hall to close and latch properly on approved type with the appropriate fire protection

rating for the location in which they are installed and shall comply with the following. (a) \* Fire doors shall be installed in accordance with NFPA 80, Standard for Fire Doors and Fire Windows. Fire doors shall be of a design that has been tested to meet the conditions of acceptance

Door Assemblies. Exception: The requirement of 8.2.3.2.1(a) shall not apply where otherwise specified by 8.2.3.2.3.1.

of NFPA 252, Standard Methods of Fire Tests of

(b) Fire doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 and, where used within the means of egress, shall comply with the provisions of 7.2.1.

NFPA 80, 15-1.2 (1999 Edition) Operability. Doors, shutters, and windows shall be operable at all times. They shall be kept closed and latched or arranged for automatic closing.

NFPA 101, 4.4.2.1 (2000 Edition)= A prescriptive -based life safety design shall be in accordance with Chapters 1-4, 6-11, and the applicable occupancy Chapters 12-42 of this Code.

NFPA 101, 8.2.3.2.4.2\* (2000 Edition)=Pipes. conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building

2) Penetrations -Penetrations revealed in the mechanical room and DON office were sealed with fire retardant caulk by the Maintenance Staff on 5/9/16.

HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN?

All residents have the potential to be affected. All fire doors and penetrations in all locations of the facility will be monitored by the Maintenance Staff annually to comply with the Life Safety Standard

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: BGJ321

Facility ID: TN0401

If continuation sheet Page 3 of 6

May. 19. 2016 4:52PM BLEDSOE ADMIN FARTIMENT OF HEALTH AND HUMAN SERVICES

No. 1471 PR. 15: 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING NAME OF PROVIDER OR SUPPLIER 05/04/2016 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES m PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX COMPLETION (X2) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 130 Continued From page 3 K 130 WHAT MEASURES WILL BE PUT service equipment that pass through fire barriers INTO PLACE OR WHAT shall be protected as follows: CHANGES WILL YOU MAKE TO (1) The space between the penetrating item and ENSURE THAT THE DEFICIENT the fire barrier shall meet one of the following PRACTICE DOES NOT RECUR? a. It shall be filled with a material that is capable Maintenance Director will maintain an of maintaining the fire resistance of the fire annual log for monitoring all fire doors and penetrations of the facility. barrier. b. It shall be protected by an approved device that is designed for the specific purpose. HOW THE CORRECTIVE ACTION(S) WILL BE (2) Where the penetrating item uses a sleeve to MONITORED TO ENSURE THE penetrate the fire barrier, the sleeve shall be DEFICIENT PRACTICE WILL solidly set in the fire barrier, and the space NOT RECUR? between the item and the sleeve shall meet one of the following conditions: Log sheets will be maintained and It shall be filled with a material that is capable reviewed by Safety/Maintenance of maintaining the fire resistance of the fire Director annually to ensure that all fire barrier. doors and penetrations in all locations are maintained and comply with the It shall be protected by an approved device Life Safety Standard. that is designed for the specific purpose. (3) \* Insulation and coverings for pipes and ducts shall not pass through the fire parrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that

is designed for the specific purpose.

Based on observations and testing, the facility failed to comply with the Life Safety Code.

May, 19, 2016 4:53PM BLEDSOE ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMENT		WEDICAID SERVICES	OMB NO. 0938-039				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		44E232	B. WING	i	<u> </u>	<u> </u>	
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367			5/04/2016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX [	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIECES OF THE A	) RF	COMPLETIO OATE
K 147 SS=D	revealed the 8 hall within the frame. N Edition), NFPA 101 NFPA 80, 15-1.2 (1 2. Observation on 8 penetrations through following locations: a. The mechanical b. The D.O.N office (2000 Edition), NFFE Edition)  These findings were and acknowledged the exit conference NFPA 101 LIFE SA Electrical wiring and accordance with Na (NFPA 99) 18.9.1, 1 This STANDARD is	testing on 5/4/16 at 8:41 AM, fire doors (1 of 2) did not latch FPA 101, 4.4.2.1 (2000, 8.2.3.2.1 (2000 Edition), 999 Edition)  6/4/16 at 9:34 AM, revealed shifthe rated assemblies in the room (outside) (pipe). NFPA 101, 4.4.2.1 PA 101, 8.2.3.2.4.2 (2000)  e verified by maintenance staff by the administrator during on 5/4/16. FETY CODE STANDARD diequipment shall be in ational Electrical Code. 9-1.2 19.9.1 s not met as evidenced by:		130	K 147  WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FO THOSE RESIDENTS FOUND TO BE AFFECTED BY THE	ъ	
	Based on observations and document review, the facility failed to maintain the electrical system.  The findings included:  1. Observation on 5/4/16 at 8:09 AM, revealed extension cords in the following rooms, 109, 111.			DEFICENT PRACTICE?  1)Extension cords in rooms 109, 11 and the Activity Directors Office and 2) Multi-plug adaptor in room 110 were removed 5/3/16 by the Maintenance Staff.	ď	5/3/16 5/3/16	
	and the activity dire (2000 Edition), NFF Edition)  2. Observation on 6	ctors office. NFPA 101, 4.4.2.1 PA 99, 3-3.2.1.2 (d) 2 (1999 6/4/16 at 8:10 AM, revealed a 1 room 110 (removed by		•	3) Use of Power Strips — Maintenance Staff has checked all powerstrips in the facility and has a l- with the UL number of each device. This was completed 5/12/16.	ist	5/12/

May. 19. 2016. 4:53PM BLEDSOE ADMIN No. 1471 PRIP. 17 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING NAME OF PROVIDER OR SUPPLIER 05/04/2016 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAĢ TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 147 Continued From page 5 4) Retention Force Outlet Test -5/13/16 K 147 Maintenance Director has maintenance). NFPA 101, 4.4.2.1 (2000 Edition), documentation on file of patient NFPA 99, 3-3.2.1.2 (d) 2 (1999 Edition) care outlets. This was completed by the Maintenance Staff on Observation on 5/4/16 at 8:11 AM, revealed the 5/12/16. facility failed to comply with the instructions of CMS S&C letter 14-46 LSC regarding the use of HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING powerstrips as required. THE POTENTIAL TO BE AFFECTED BY THE SAME Document review on 5/4/16 at 10:14 AM, DEFICIENT PRACTICE AND revealed the facility failed to provide WHAT CORRECTIVE ACTION documentation for an annual retention force outlet WILL BE TAKEN? test. NFPA 101, 4.4.2.1 (2000 Edition), NFPA 99, 3-3.3.3.3 (1999 Edition) All residents have the potential to be affected. These findings were verified by maintenance staff WHAT MEASURES WILL BE PUT and acknowledged by the administrator during INTO PLACE OR WHAT the exit conference on 5/4/16. CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? A quarterly walk through inspection will be conducted by Maintenance Staff to ensure that all locations of the facility are maintained in accordance with Life Safety Standard. This will also be included as part of the employee orientation. HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR? The Maintenance/Safety Director will keep a yearly log sheet on file on the tests of the outlets and the use of the

powerstrips to ensure that the electrical wiring and equipment in the facility meets the Fire Safety Standard.